

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL****FOR: HEALTH CARE FINANCING ADMINISTRATION**

1. TRANSMITTAL NUMBER:

0 0 — 0 0 7

2. STATE:

Louisiana

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

February 1, 2000

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR 447.201; 447.304

7. FEDERAL BUDGET IMPACT:

a. FFY 2000 \$ (1269.77)

b. FFY 2001 \$ (2489.42)

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.19-B, Item 4b, pl

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

Same (TN 98-09)

10. SUBJECT OF AMENDMENT: The purpose of this amendment is to reduce the reimbursement rates for
EPSDT screening, consultations with Nurse, dietician or Social Worker, dental services and
rehabilitation services by seven percent (7%). Implementation is necessary to avoid a budget
deficit in the state Medicaid Program.

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL☒ OTHER, AS SPECIFIED: Governor does not review
state plan material

12. SIGNATURE OF STATE AGENCY OFFICIAL:

David Hood by John L. Cline

13. TYPED NAME:

David W. Hood

14. TITLE:

Secretary

15. DATE SUBMITTED:

March 24, 2000

16. RETURN TO:

State of Louisiana
Department of Health & Hospitals
1201 Capitol Access Road
PO Box 91030
Baton Rouge, LA 70821-9030

17. DATE RECEIVED:

March 31, 2000

18. DATE APPROVED:

May 1, 2000

19. EFFECTIVE DATE OF APPROVED MATERIAL:

FEBRUARY 1, 2000

20. SIGNATURE OF REGIONAL OFFICIAL:

Calvin G. Cline

21. TYPED NAME:

CALVIN G. CLINE

22. TITLE: ASSOCIATE REGIONAL ADMINISTRATOR

DIV OF MEDICAID & STATE OPERATIONS

23. REMARKS:

PAYMENT OF MEDICAL AND REMEDIAL CARE AND SERVICES

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - OTHER TYPES OF CARE OR SERVICE LISTED IN SECTION 1902(A) OF THE ACT THAT ARE INCLUDED IN THE PROGRAM UNDER THE PLAN ARE DESCRIBED AS FOLLOWS:

CITATION Medical and Remedial Care and Services Item 4.b.

42 C F R

447.201 and Early and Periodic Screening and Diagnosis of Individuals under 21 Years of Age and Treatment
447.304 of Conditions Found Is Reimbursed as follows:

I. Basic EPSDT Services

- A. **Screening (Vision, Hearing, Dental, Medical) - Full and Interperiodic Screening** (including immunizations) is reimbursed at ninety three percent (93%) of the State's established fee schedule (based on provider cost reports submitted in the early 1990s) in effect as of January 31, 2000 minus any third party coverage.
- B. **Consultation With Nurse, Dietitian, or Social Worker** is reimbursed at ninety three percent (93%) of the State's established fee schedule (based on provider cost reports submitted in the early 1990s) in effect as of January 31, 2000 minus any third party coverage.
- C. **Dental Services** under the EPSDT program are reimbursed at the lower of:
 - 1. the dentist's billed charges, or
 - 2. Ninety three percent (93%) of the State's established schedule of fees (established in collaboration with Louisiana Dental Association and Louisiana State University School of Dentistry) in effect as of January 31, 2000 minus any third party coverage.
- D. **Eyeglass Services** are reimbursed subject to upper limits for payment of eyeglasses (including cataract eyeglasses and contact lenses) described in the Professional Services Provider Manual.
- E. **Hearing Aid Services** are reimbursed at the lower of:
 - 1. the provider's actual charge for the services, or
 - 2. the allowable fee for similar services covered under the State Plan.
- F. **Rehabilitation Services** are reimbursed at ninety three percent (93%) of the maximum allowable fee for occupational, physical, and speech therapy services according to the State's established schedule of fees (calculated using the base rate from fees on file in 1997) in effect as of January 31, 2000 minus any third party coverage.

TN# _____ Approval Date _____
Supersedes
TN# _____

Effective Date

STATE	<u>Louisiana</u>
DATE REC'D	<u>03-31-00</u>
DATE APP'D	<u>05-17-01</u>
DATE EFF	<u>02-01-00</u>
HCFA 170	<u>LA-00-07</u>

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